MAY 0 8 2013

510(k) Summary

NAME OF FIRM:

OrthoPediatrics, Corp.

2850 Frontier Drive Warsaw IN 46582

DATE PREPARED:

March 7, 2013

510(K) CONTACT:

Mark Fox

Vice President, Regulatory Affairs

Tel: (574) 268-6379

PROPOSED TRADE

NAME:

Response Spine System

DEVICE

CLASSIFICATION:

Class II; 21 CFR 888.3070 and 21 CFR 888.3050

CLASSIFICATION

NAME:

Pedicle screw spinal system, adolescent idiopathic scoliosis

orthosis; spinal interlaminal fixation orthosis

PRODUCT CODE:

OSH; KWP

DEVICE

DESCRIPTION:

The Response Spine System consists of longitudinal members (rods), anchors (hooks and screws), interconnection components (rod-to-rod and anchor-to-rod connectors) and fasteners in a variety of sizes, including fixed angled screws, to accommodate differing anatomic

requirements.

INDICATIONS FOR

USE:

The Response Spine System is intended for posterior, non-cervical fixation (pedicle screw fixation T1-S2/ilium and hook fixation (T1-L5)) in pediatric patients is indicated as an adjunct to fusion to treat adolescent idiopathic scoliosis. The device is intended to be used with autograft and/or allograft.

MATERIALS:

Medical grade titanium alloy – ASTM F136-08e1

Medical grade cobalt-chromium-molybdenum - ASTM

F1537-08

PREDICATE DEVICES:

OrthoPediatrics' OP Spine System (K120291 and K121250)

Medtronic CD Horizon (K091445)

TECHNOLOGIC CHARACTERISTICS:

The fundamental scientific principles and technological characteristics, including the material, and general design, and sizes of the device are substantially the same as the predicate devices. Fixed angle (non-swivel) screws have been added to the system while the smaller diameter longitudinal rod has been eliminated from the system.

PERFORMANCE DATA:

Static and dynamic compression bending tests and static torsion tests, performed according to ASTM F1717, demonstrated the device to be substantially equivalent to the predicate devices.

CONCLUSION:

The Response Spine System has the same intended use and technological characteristics as the predicate devices. Therefore the Response Spine System is substantially equivalent for its intended use.



Food and Drug Administration 10903 New Hampshire Avenue Document Control Center – WO66-G609 Silver Spring, MD 20993-0002

May 8, 2013

OrthoPediatrics, Corporation % Mr. Mark Fox Vice President, Regulatory Affairs 2850 Frontier Drive Warsaw, Indiana 46582

Re: K130655

Trade/Device Name: Response Spine System

Regulation Number: 21 CFR 888.3070

Regulation Name: Pedicle screw spinal system

Regulatory Class: Class II Product Code: OSH, KWP Dated: March 20, 2013 Received: March 21, 2013

Dear Mr. Fox:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set

forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050. If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,



Mark N. Melkerson
Director
Division of Orthopedic Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use Statement
510(k) Number (if known): K130655
Device Name: OrthoPediatrics' Response Spine System
Indications for Use:
The Response Spine System is intended for posterior, non-cervical fixation (pedicle screw fixation T1-S2/ilium and hook fixation (T1-L5)) in pediatric patients is indicated as an adjunct to fusion to treat adolescent idiopathic scoliosis. The device is intended to be used with autograft and/or allograft.
Prescription Use X or Over-The-Counter Use
(21 CFR 801 Subpart D) (21 CFR 807 Subpart C)
PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)
Concurrence of CDRH, Office of Device Evaluation (ODE)
Ronald P. Jean -S
(Division Sign-Off)
Division of Orthopedic Devices
510(k) Number: K130655